

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	71534	06-25-99
O.I.P.E. CLASSIFIER		/9	6/25/99
FORMALITY REVIEW	D.Beo	65373	7/9/99 9/9/99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	03/10/99
Original	03/10/99
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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